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ABSTRACT

The first paper discusses the philosophy, values and climate of a program for training non-professional mental health workers who can be considered generalists and thus employable in a wide range of settings within the rapidly changing mental health field. The advantages and disadvantages of training generalists are considered. The program, which incorporates the philosophy and values of the National Training Laboratories, is characterized by what program developers see as elements of an effective learning community: (1) trust; (2) openness; (3) risk-taking; (4) feedback; and (5) an emphasis on self-development and personal choice. Several examples of implementing such an educational climate are offered. The 2nd paper presents the results of interviewing the first 32 graduates of the program. In general, these mid-level mental health workers are well-received, easily employed, satisfied in their work, and effective in a variety of traditional and non-traditional settings. (TL)

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Explorations in Experience-Based-Learning: The Purdue Program[1]

John E. True
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Rather than speaking to you about the details of the curriculum, I would like to emphasize certain other elements of our program which include our basic philosophy, values, and in general the climate of the program. The details of the curriculum itself has been reported elsewhere and is available to those of you who are interested in the specifics of our courses.

In 1965, when our N.I.M.H. grant was awarded, the timetable allowed for a one year planning and "tooling up" which included the development of the initial curriculum. I had come to Purdue University, Ft. Wayne to develop the program partly because I saw it as an opportunity to apply some educational concepts which I felt were innovative. These concepts and techniques fall under the rubric experience-based-learning. My own experiences had included significant associations and work in the area of sensitivity training, and other elements of "laboratory learning" being developed by the National Training Laboratories-Institute for Applied Behavioral Science. The roots of the program at Purdue are deeply entwined with the values, philosophies, and techniques of N.T.L.-I.A.B.S.

John M. Hadley was the individual who provided the coalescing force bringing together a number of elements into the initial grant request and is the principal investigator on this project. Hadley was convinced that the key element that we ought to be thinking about in the education of our associate degree people was their attitudes. He read the research literature and clinical reports of results

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[1] Paper delivered to Meeting of Community College Mental Health Worker students and faculty at a conference sponsored by the Southern Regional Education Board, May 1970, in Atlanta, Georgia.

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by a number of investigators and workers in the field of mental health as indicating that those workers who had what he called "health engendering attitudes" were the persons who were most effective with patients. He has reported in other papers what he meant by health-engendering attitudes, but basically he was talking about persons who would treat the patients as people rather than as objects or persons afflicted with some kind of strange disease who had to be handled in some totally different way. Our dilemma at that point in time was how does one educate persons to have such attitudes, or if it were even possible to educate for such attitudes. My own feeling was that it was partly possible to educate for such attitudes but that the educational approach involved would have to be other than the traditional classroom lecture method if it were going to be effective. We were talking, I felt, about an area which would lend itself to experience-based-learning as perhaps the best way to affect attitude change in the directions that we wanted.

Our philosophy and approach has been a constantly evolving and changing one based on our own experiences. A number of individuals, some of whom are well known in the fields of psychology, social work, and psychiatry were important to us in the early phases of planning. Such writers as Maslow, Rogers, Freud, Jessie Taft and others had made a significant impact on those of us who began the program and thus we spent many hours in the planning phases talking about each of them and how their philosophies and ideas might fit with our objectives. Another individual who had significant impact on myself and Dr. Sherwin Kepes, the research associate on our project, was Sidney Jourard from Florida University. In the early phases of our planning we invited Jourard to come and consult with us, primarily to provide some kind of basic context or set which would provide a cornerstone philosophy from which we could move. From his consulting visit and our subsequent talks about its implications we developed the idea that we would have a successful program if we, the faculty, were involved in a constantly-evolving searching process of self-development ourselves. This became one of the

primary goals of the project: the growth of the staff.

Goals and Objectives

The primary objective as indicated earlier was in the early phases, and still remains, that of educating a generalist worker for the broad field of mental health as opposed to approaches which might have the objective of training individuals for a specific job role. That is, we want to provide a basic education for our students which could provide a stepping stone to a number of job roles in the field. One way to say this is that we were interested in helping people develop a style of being and behaving in the world that would have generic application within the helping professions rather than training them to be technicians. The advantages to such a generalist approach have seemed to us to be first, the fact that such education if successful would provide for a flexibility in entering the job market which a more specific training would not. We felt that this approach would also have its advantages in providing a flexibility to the worker within the field at a later date, since mental health is changing so rapidly that jobs are becoming obsolete as rapidly as they are being developed. Another advantage to the generalist approach is that we could develop a curriculum from which the students would have a better chance to step-up to a bachelors degree and subsequent degrees since there would be a better transfer of courses. Still another advantage to educating people to function in a wide variety of situations is that you begin to educate for a better sureness of self in the face of new or ambiguous situations. This latter advantage seems to be one crucial element of the mental health situation where a worker is frequently placed in situations for which there is no set procedure or sure way to move.

The disadvantages of educating the generalist worker include the fact that this type of worker is a difficult product to sell. Professionals in the field ask the natural question, "What can they do?" The answers have seemed to them exceptionally vague when we respond by saying, "They can do many different things - What is it that you want them to do?" In addition to this disadvantage, another

disadvantage is that it creates a myriad of identity problems in the students themselves. They are constantly asking throughout the two years the basic question, "Who am I?" and "What can I do?" Up till the time of graduation and even afterwards they have more searching questions in this area than do other technician level or mental health professional persons such as nurses, psychologists, social workers, and the like all of whom have a clear idea of what their basic function is even if they end up not performing it. Despite these difficulties Purdue has held fast to the idea that the potential advantages outweigh disadvantages and have thus maintained the generalist approach.

Elements Of An Effective Learning Community As Seen By The Purdue Program

The area of social systems and systems analysis has been helpful to me personally in conceptualizing our efforts at program development. We regard our educational community as a social system embedded in several other related social systems. The larger educational system, the university, is a crucial system to which we must relate effectively. This is not necessarily easy for a new educational program which is rather expensive to maintain. Both of these inter-related systems must relate effectively to the relevant larger community system which, in our case includes first the Fort Wayne area and secondly northeastern Indiana, the geographic region which our regional campus is designed to serve. The various State of Indiana organizations have been of critical importance to us, the Department of Mental Health, the Department of Education, the Department of Social Welfare, and the Department of Corrections. We have realized that we must make progress and help effect changes in each and all of these systems if we are to be successful in our endeavors to launch a new vocation. The basic ingredient in effecting such change and in the long range have helped or will help our educational program relate effectively to these sometimes friendly, sometimes neutral or passively resistant systems is ongoing two-way communication. My own work and the work of other staff members on our program and the students

themselves has, in large part, been aimed at providing effective communication between ourselves and these relevant systems.

From N.T.L. and from our own experiences, we have developed the concepts of what an effective learning climate should be like. These include certain values which we not only believe in, but constantly work to effect in our own lives as well as in the program.

The first such climate variable is <u>trust</u>. We believe that trust begets trust. In the same way suspicion would seem to breed more suspicion. Therefore, the aim at providing a climate of trust: trust between faculty and students, trust between students and students, trust between staff members and other staff members, etc. We believe that to the extent that these relationships are trusting, the student will carry with him an ability to form trusting relationships and apply it in the area of his work with patients, residents, and the like. Our experiences to date we think support this value. In addition to its "modeling" value for the students, we expect to be able to operate more effectively if this value is primary.

The second variable is <u>openness</u> of communication. This openness is related to Jourard's notions and research efforts in the area of self-disclosure. In general we say that people ordinarily err on the side of being too closed in their communication - that is, do not reveal enough of their true persons but hide behind the mask or facade that they feel will be socially acceptable. Our value is to move in the direction of more authentic ways of being which include communicating more closely what one is really feeling, thinking, and believing. We are not saying that one should always say what one feels or thinks because there are certain problems which are related to this in a work situation which are quite obvious to the experienced and sophisticated worker. On the other hand, we do help the students to move themselves and also push ourselves to be more open in communicating with each other and with the rest of the "relevant others" in our personal and work world. For example we believe that it may be quite

appropriate for a mental health technician to express feelings of irritation and anger at a patient. In the same way students and staff may express ordinarily taboo feelings towards each other if the context and goals of such expression are constructive instead of destructive (i.e., aid the relevant learning involved).

The third variable related to our values and climate is risk-taking. We aim to create situations and encourage the students to take "constructive" risks in their own behavior. By this I mean risks which are aimed at self-growth. The experimenting the students do is experimenting with themselves and their own behavior as contrasted with experimenting with others. The latter mode of bringing about interpersonal change is viewed negatively. Thus patients are not seen as pawns in a situation in which the worker designs the treatment program and implements it - rather the approach is more one of mutual problem-solving with the ultimate responsibility for ones own behavior resting with the self. The hope is that the student's experiences in encounter groups, practica, and in other areas, lead to an imbedded concept which has been described by others as "using oneself as an instrument of ones own learning".

The effective use of feedback is an additional climate variable which is important to us at Purdue. We mean here giving and receiving clear communication about how one is doing or how others appear to be doing both within the Mental Health Technology social system and from outside this system. We both ask for feedback and give it. We also realize that such feedback is most effective when it is wanted by the receiver and when it is asked for by the receiver. Thus we wait in terms of our timing until such needed reception is clear. Thus giving feedback is not a "cutting down" approach but is aimed at being helpful to the receiver.

We strive to legitimize and encourage the expression of feelings as well as thoughts and more cognitive elements. One important conceptual framework for me personally has been Joe Luft's "writ of habeus emotum". Luft was identifying

a value which is essentially the right and responsibility of every human being to send and receive emotional communications. If we are to effectively grow as human beings, we must grow more familiar with our own emotional components as well as the feelings (emotional components) of others. We must become sensitive to ourselves and in turn others in the feelings area. The practice in integrating emotional expression in our communications is carried out in sensitivity training groups as well as a specialized sequence of skills training groups which have been designed for our program.

Another variable which we emphasize, perhaps less than some of the others I have mentioned, is the importance of providing students with help in developing their own cognitive map. Theoretical constructs and concepts are seen as important by us although we espouse no single theoretical approach. Some of the theorists who the students are introduced to and utilize in part include Freud, Lewin, Rogers, and some of the other ego psychologists. Rather than teaching a single theory or set of theories, we borrow from each of the theorists who we feel are relevant and aim at developing what I have come to call a "generic module network". This generic module network is a series of inter-related concepts of a general type which should be effective in helping the student function effectively in a wide variety of interpersonal work settings. Some of the "modules" have already been mentioned: such concepts as "using yourself as an instrument of your own learning"; being a sensitive and effective helper. Another area which we concentrate on is developing effective problem solving skills in our students. Thus we teach the elements of problem solving and give them practice in applying the systematic solving of problems to their own work situations. They become familiar with their own strengths and weaknesses in utilizing such an approach - e.g., some individual students find that once they have proposed a solution they are blind to alternatives. Others find that their primary difficulty lies in initially defining the problem. The generic module network includes a blending of values, skills, knowledge and

attitudes. The network has an existential flavor in that, while there are key concepts from which the staff moves, the network that I speak of is within the student themself.

Implementing the Climate

I would like to give you several examples of some of the things we have done at Purdue to implement the type of climate that I have been describing.

In order to begin building the educational community, we begin each school year with a five-day human relations laboratory away from the campus. These laboratories are held in a camp setting owned by Purdue on Lake Oliver in northeastern Indiana. All of the faculty, students and outside consultants live and work together in a concentrated and intense way for this five-day period. Each of our "labs" (we have now had four) are a little different, but their primary focii remain the same: to provide the beginning of self-understanding and self-growth for the student; to sensitize them to the skills and attitudes that are going to be important in their work (listening, acceptance of the feelings of others; etc.) and the development of an "esprit de corps" which is aimed at aiding the oncoming educational experience and later pride in the new vocational entity. These laboratories have been exceptionally effective for us. The beginnings that we make there are followed up back on the main campus in once-a-week T-group sessions which last usually about two hours. These weekly sessions are continued throughout the two years which the students spend in our program. They are supplemented by other educational efforts depending on the need of the staff and the students at different times. We have used marathon groups (run on the weekend), designs which include one T-group observing another, and various specialized smaller groups such as trios, quartettes and the like working on specialized tasks.

In addition to the laboratory approach we have integrated and continually utilize the program of action research which we have developed. Students

continually feed back to the staff their reactions to the curriculum and experiences and at the end of each semester submit a rather detailed evaluation to the staff. These evaluations have resulted in a number of curriculum and program changes. They include the dropping of several courses and the adding of more freedom (more electives) in the curriculum than we originally started with, to give several examples. They continually spot realistic areas in which the staff needs to grow. We do what we can. Thus the students are not simply passive receptors to the knowledge and experiences of the faculty but are, in a real sense, collaborators in building the program.

This collaboration occurs not only in the semester evaluations but has extended itself to include literally all important areas of staff work. Students participate in recruiting new students to the program by going to high schools and talking with students sometimes with faculty members and sometimes on their own. They have participated at different times in the office work such as typing, collating, etc. as the need has risen. We hold periodic open staff meetings in which students are encouraged to come and participate. I am not trying to imply that we have a totally democratic way of making decisions but we do listen and frequently act on inputs that students make regarding our problems and have constantly learned and benefited from them. Periodic E-sessions (evaluation sessions) with different design elements have been utilized. Dr. Thomas Wickes of TRW, Inc. has helped us with many of these efforts and has been an ongoing "outside consultant" to the Purdue Mental Health Technology Program. The program's relial on both inside and outside consultants has we think benefited and enriched the nature of our efforts.

Results and Conclusions

I have spent a good deal of time talking about certain elements of the program which are perhaps a little different than those found in other higher educational programs of a similar nature. I have not included some of the "nuts and bolts"

information which perhaps would be of interest to you. I would be glad to talk to any questions that are brought up during the discussion period. Our program has been operational for four years now with us taking our fifth freshman class this coming fall. We have graduated and placed in mental health jobs more than fifty persons. Their specific jobs include in-patient, out-patient, crisis intervention and other outreach functions in the field of mental health. They also include work with patients in facilities which are not traditional mental health settings: nursing homes, a T.B. sanatorium, a speech and hearing center, a diagnostic center for organic and mental retardation problems, mental retardation, day care centers, and others. Our students have ranged in age from seventeen to fifty-five and are predominantly women. We are beginning to attract more black students and there appears to be a trend towards more men coming into this vocation.

A number of our students have continued their education past the two years. The majority of this group are working part-time in the field of mental health while they continue their education. One of the graduates of our first class, a young lady who came to this country from Cuba, will be continuing her masters in counseling within a year or two. Some are going ahead in social work, some in psychology, others in counseling. Several have left the field of mental health but are continuing in the general area of helping others. Our research efforts include ongoing follow-up of the mental health technicians once they have started work. The initial research data in this area appears promising with most employers and professionals reporting positive experiences with graduates of our program. It appears that persons who are interested in this field can enter a two-year associate degree program and build and develop the sorts of attitudes and skills which are necessary to do an effective job with patients in the field of mental health. The concept of a generalist worker also appears to us more viable now than when we began. Some interesting answers to this one will be forthcoming in future research.

THE UTILIZATION AND ACCEPTANCE OF MID-LEVEL MENTAL HEALTH WORKERS

Sherwin Kepes, Ph.D.

Introduction

In September 1966, after a year of formal planning, Purdue University began educating 31 students as mid-level mental health workers. The project, funded by the National Institute of Mental Health was the first such program in the country.

Two years later, in June 1968, after much depression and joy, defensiveness and growth on the part of both students and staff, 12 graduates entered the world of work. Staff, students, and interested individuals locally and nationally raised many questions during these two years that could be answered more clearly once graduates were working. Among these questions were: would graduates find jobs, what would they be doing, how effectively would they be performing their jobs, how would they be received by co-workers, how much would they earn, how satisfying would their work be, what would be their dissatisfactions, and in what kinds of settings would graduates have what kinds of difficulties.

Obviously we wanted answers to these questions to help estimate the feasibility and viability of a new source of mental health manpower. We were also concerned with what our data would tell us about our training program. For our purposes here, the main focus will be on the former questions. The total graduates to date is 32. Data on these graduates will also be included in this report.

The Emerging Trends

The data to be reported were gathered for the most part through interviews with graduates, immediate supervisors, and in some cases directors or unit administrators. Interview forms were sent to graduates and supervisors and approximately a week later they were interviewed by a member of the program staff.

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At the time of the interviews graduates had been working from six months to a year.

Of the 32 graduates 25 are working in the field of mental health. Of the seven not working 4 could either not find employment or could not find something they were interested in; the three other graduates decided not to work and to continue their education.

An original goal of the program was to educate a mental health generalist rather than a specialist. An individual who could work effectively in the full range of facilities with various target groups. Even a brief survey of the types of jobs graduates accepted indicates a rather wide divergence in settings and job roles. The settings where graduates have worked or currently work include: an institution for the emotionally disturbed, public school systems, a child guidance center, an adult psychiatric clinic, a T.B. sanitarium, a county mental health association, an institution for the mentally retarded, a training center for the blind, a boys' village, schools for the retarded, and a speech and hearing center. Thus, our generalist graduates are working with the emotionally disturbed, mentally retarded, handicapped, and the poor.

In these settings they are performing a variety of job roles and where there is more than one graduate in a setting there are also likely to be differences in job roles. Some of the job functions are traditional in nature. Examples would include intake interviewing, testing, teaching the trainable retarded, and conducting activities for the emotionally disturbed or retarded. In some settings, for example a speech and hearing center, graduates may function in part as assistants to professionals. For the most part, graduates perform at least some non-traditional job functions. More specifically, over 75% of the supervisors interviewed reported that graduates were performing non-traditional job functions. These would include the outreach work of two graduates at a child guidance center, serving as an assistant program director on a behavior modification

unit at an institution for the retarded, and social services and patient counseling at a T.B. sanitarium. More detailed job descriptions are included in Table I

(Insert Table I About Here)

On their jobs, the average amount of time spent in direct patient contact is 45%. Graduates also report spending, on the average, 28% of the time in duties "not direct, but patient related," and 15% on report writing. Thus, approximately 88% of the graduates time is involved in patient or patient related work. While we have no comparison data, this appears to be a relatively high percentage.

In order to assess how well things were going on the job, graduates were asked the following questions: "How are things going generally. How satisfied or dissatisfied are you." "How have you been received by other staff. What problems, if any, have you encountered." "How helpful have other staff and supervisors been to you - in what ways."

The majority of graduates felt generally satisfied or very satisfied with the way things were going. Two graduates were dissatisfied. The following quotations reflect the range of responses. "I'm extremely satisfied. I feel adequate and the work is challenging ... there is also quite a bit of flexibility in doing the things I want to." "Work is very rewarding ... naturally there are some constrictions due to red tape or lack of materials and this leads to frustration." "Not too well, there is some support but I'm not having any real impact on the system."

While most graduates are satisfied over all, they are also able toindicate areas where less satisfaction exists. The most frequently mentioned area was with direct supervision or with the administrative heads. Some of the comments were: "I'm not satisfied with the administration, one of us is in an ivory tower." "There is not enough supervision." Other areas mentioned were staff being closed, not enough patient contact, and "The job isn't what they told me it would be."

The impression gained from these responses is that, for the most part, the work itself is very satisfying and dissatisfactions are in areas of system

constraints and supervision.

With respect to how they had been received and how helpful others had been, the responses were overwhelmingly positive. Most graduates felt they were accepted by other staff, although in a few cases there was some initial resistance. In addition, graduates felt that staff had been very helpful in various ways such as, "giving information," "listening to my ideas," "answered my questions," and "let me observe him in play therapy."

To help determine their overall performance supervisors were asked to complete a series of rating scales. The rating scales with the response frequencies for a sample of the graduates are presented in Table 2

(Insert Table 2 About Here)

While there is some spread, ratings tend to cluster at the high or positive ends. Thus, graduates tend to be seen as flexible, sensitive, able to communicate well and having satisfactory relationships with other staff. They have fairly positive and therapeutic attitudes and do not usually wait to be told what to do. Compared to others their overall performance is at least average and several are above average.

The check list ratings are fairly general and do not refer to performance on specific job functions. This reflects some of the difficulty in attempting to construct a rating scale to be used in a variety of settings. In addition it reflects Mental Health Program staff bias as to what dimensions are related to effectiveness as a mental health worker.

The training program, in addition to cognitive inputs, focused to a large extent on developing positive attitudes, intra and interpersonal sensitivity, openness and flexibility. Since a program stressing experienced-based learnings in addition to cognitive aspects seemed different from many traditional two-year programs, and graduate traing programs we were also interested in whether graduates would be perceived as being different. Supervisors were asked the following questions:

"How does this person compare to other 'pre-professionals' and 'professionals'." "In what ways, if any, is the person different from other 'pre-professionals' and 'professionals' and what kinds of problems have you encountered in employing this person." It was felt that these questions would also be relevant to the question of the effectiveness of graduates.

Four supervisors did not feel that they could compare graduates to other "pre-professionals" since there were no others in their particular setting. Those that did respond felt graduates were at least equal to other "pre-professionals." In some cases the comparison group consisted of people with B.A. degrees.

Graduates also compare favorably to professionals. The following quotations illustrate supervisors' responses to this question. "Compared to social workers they are certainly greener. Compared to psychologists they don't have the technical skills. They do, however, have a definite edge in their concept of relating to fellow workers. They have the concept of being open and they are not afraid to go into the eye of the storm." "She comes to us with skills which are unique to any profession ... she has continued to work effectively with clients assigned her." "Comparable to many and better than many. Her dedication is very high. She is less able to plan, however, and is not as socially mature." "Able to hold her own."

Two supervisors from the same setting were less positive in their responses towards graduates. "She has limited experience and doesn't have broad overall understanding of situation." "Significantly lacking in the discipline required to perform at a professional level. Lacks understanding of overall gestalt of treatment and is unable to integrate total concept of organization function of clinic into work situation."

Generally, however, graduates are seen "holding their own" although they may be less experienced and somewhat less mature.

None of the supervisors reported any major problems in employing graduates. A few indicated that additional time was needed to supervise graduates. Other

problem areas involved, "some resistance on the part of aides and attendants," "lacking experience," "inability to offer appropriate salary," and "idealism."

With respect to differences, between graduates and others, less experience was mentioned by three supervisors and one supervisor felt the graduate was less able to accept supervision. Other comments reflect generally favorable perceptions of graduates. Some of these were: "Her academics and practicum makes her adjustment more amenable to our mental health setting especially since we are thinking in terms of community mental health." "She is open and doesn't come with a set job role." "One of the best upward communicators we have. I would go with Mental Health Technicians first because if problems come up they can be resolved because of skills they have and because of practicum experiences."

Supervisors were also asked what they considered to be the primary liabilities and assets of the graduates. Two supervisors indicated that they really didn't see any liabilities, the remaining supervisors were able to report some. These range from, "quiet at times" to "slow to initiate discipline for residents." There are no clear treads apparent in the liabilities listed. We had anticipated that lack of specific knowledge or skill might be noted by several supervisors. Only one supervisor touched on this. He stated, "Conceptual, but we expected to train them on the job."

With respect to assets, there are some apparent trends. Sensitivity to others needs and flexibility were mentioned by several supervisors. Four graduates were also seen as showing concern for the people they work with and as being open and honest with the other staff. One supervisor stated, " ... other staff feel she is sensitive to others and that she is open and frank. This more than anything else has helped her being accepted."

The trends seen in the stated assets of graduates has some bearing on the goals of the training program. Project staff felt that sensitivity, flexibility, and openness were important components of an effective worker and attempted to

develop or enhance these characteristics in students. There appears to be some evidence then that the program was attaining some of its goals and that project staff and supervisors agree on at least some aspects of what effectiveness means.

Emerging Issues

Overall the data indicate that graduates are finding employment and performing satisfactorily on the job. At the same time there are some problems or issues and while the data are tentative since they are based on a relatively small sample, the deserve mention.

Some graduates have experienced resistance. In institutions this may be most clearly seen as coming from aides and attendants. This group, however, would most likely be resistant to any change. It is not that a new breed of workers is on the scene threatening to disrupt the institution. Resistance from professionals seems somewhat different. The climate and values where our graduates experience resistance from professionals can be described as a setting where roles are rigidly defined and the focus tends to be on who does what rather than how do we deliver services most effectively. Since the reported interviews were conducted, a setting where graduates were initially having difficulties has become much more receptive. The precise reasons are difficult to pinpoint. It may be due partly to some personnel changes. Adding outreach programs may have also helped. Another possible reason may be a less rigid definition and adherence to roles. One lesson we learned from our experiences with these settings is that staff of the training programs, by serving as consultants to both graduates and other personnel, can help in reducing resistances. This can take the form of suggesting possible job functions and helping graduates develop strategies for decreasing resistance.

What happens after graduates take entry jobs is also an issue. The graduates were asked, "What are the opportunities for raise and promotions." Only one graduate stated that he didn't know. The others were fairly certain that they would receive yearly raises. With respect to promotions the graduates almost unanimously indicated

that either promotions do not exist or that advances would be tied to obtaining advanced degrees or take the form of additional duties without moving up in the hierarchy. Several graduates are continuing their education and a few have even begun working part-time. In some cases graduates have mixed feelings about going to school since they feel that they must if they are going to advance. One obvious but difficult to implement solution would be the creation of career ladders. This would seem especially relevant to state systems and in some states like Colorado this has happened. Solutions in community agiences are less clear.

It will be important to conduct periodic interviews to assess the amount of advancement and job enlargement. It will also be important to look at turnover and its possible causes.

One area of particular importance to the present writer concerns the question of evaluating the effectiveness of mid-level workers. Our data indicate that graduates are performing well, making positive contributions, and having a positive impact on their respective systems. It is important, however, to go beyond interview data. Basically there are three approaches to evaluation in this area. In the first, the researcher sets up a design where others tell him whether or not graduates are effective. Our research to date has followed this approach. With the second approach the researcher says in effect, "I know the ingredients which make for effective workers and I am going to assess how much of these ingredients graduates have.

We could assume, based on bias and research, that effective helpers are able to demonstrate accurate empathy, genuineness, and respect toward those they help. Research then is concerned with assessing the levels of these dimensions in graduates. This could be done through situational tests, on the job observation, or taping graduate interactions with those they are helping.

The third basic approach is concerned with assessing changes in the target groups which graduates serve. This approach is the most difficult research to conduct.

All three types of research needs to be done. Our primary focus for the future will be on the first two.

Throughout this paper, the words trends and tentative have been used. It is clear, however, that mid-level mental health workers are here with degree, and therapeutic attitudes and characteristics in hand. They can be a potent force in the delivery of effective mental health services.

Table 1

Job Duties as Reported by Graduates and Supervisors

GRADUATE	SUPERVISOR
Setting: T.B. Sanatorium Title: Social Services Worker Functions: Interview newly admitted patients. Orient patients to hospital. Write rehabilitation summaries when patients are released. Supervise school work of children who are patients. Counsel with patients regarding financial and social problems. Responsibility for social security and veteran referrals.	Functions: Interviews patients for needs in social services. Assists in occupational therapy and rehabilitation.
Setting: (2 students) Day Care School for Mentally Retarded Title: Teacher Functions: Teach the trainable mentally retarded in areas of academics, self-care, and social skills. Teach pre-school trainable mentally retarded between ages of 5-7. Teaching, using the Montessori Method, focuses on development of positive self-concept, social skills, and self-help skills.	Functions: Pre-school teacher for mentally retarded children 5-7 years old, using Montessori Method. Write reports and graph student performance. Translate general curriculum into lesson plans. Attend staff meetings. Attend parent conferences.
Setting: Institution for the Mentally Retarded Title: Assistant Program Director Functions: On a Behavior Modification Unit act as program director in absence of program director. Supervise activity therapy. Supervise attendants. Supervise functions of store and store keeper. Responsibility for ordering and maintaining supplies for program area. Supervise specific behavior modification program. Supervise program and resident file.	Functions: Supervise activity therapy and religious education. Assist in ordering program supplies. Supervise attendant staff. Aid in supervision of behavior modification approach to program.
Setting: (2 students) Institutition for the Mentally Retarded Title: Mental Health Technician Functions: Work with residents in behavior modification. Train attendants to use behavior modification techniques. Establish specific modification programs for individual residents. Keep records of resident progress. Assist in developing and maintaining behavior modification program for unit cottage.	Functions: Training attendants in techniques of behavior modification. Develop individual behavior modification programs for residents. Write reports on resident progress. Manage store used in behavior modification program. Attend staffings. Aid in communication between professional and attendant staff. Develop therapeutic rapport with residents.

Setting: (2 students) Adult Psychiatric Center
Title: Mental Health Technician
Functions: Part of intake team. Interview client twice. Administer psychological tests. Attend staff meetings. Write reports on intake material.

Functions: Has first contact with patients who apply for services. Assist in filling out necessary forms. Administer psychological test material when requested. Write intake notes. Compile statistical data on clinic services. Interview collateral persons. Home visits.

Setting: (2 students) Child Guidance Clinic
Title: Mental Health Technician
Functions: Outreach program. Act as leader to groups of adolescent girls focusing on social and adjustment skills. Make home and school visits. Conduct "supportive therapy" under supervision. Write reports of group and individuals. Participate in diagnostic staffing.

Functions: Primarily involved in outreach program. Co-worker with neighborhood adolescent girls' group. Responsibility for making community contacts such as home visits and school visits. Has small case load of mildly disturbed females.

Setting: Child Guidance Clinic
Title: Mental Health Technician
Functions: Conduct intakes as part of diagnostics. Participate in diagnostic staffing. Interpret results of diagnostics and make recommendations to parents. Conducts "supportive therapy". Makes home and school visits. Adminster psychological tests when requested by therapist.

Functions: Conduct intake interviews. Participate in diagnostic staffing. Work directly with mildly emotionally disturbed children in play therapy. Make home and school visits. Administer and score Rayton test battery.

Setting: Mental Health Association for County
Title: Executive Director
Functions: Responsible for organizing and directing group of volunteers to carry out goals of association. Train volunteers. Administer office functions. Maintain informal referral service to community.

Functions: Coordinates administrative efforts between association board and United Community Services. Stimulates new projects and mental health association committee development. Handles certain mental health crises and serves as a referral source. Recruits and trains volunteers.

Setting: (2 students) Speech and Hearing Center
Title: Supportive Personnel
Functions: Conduct speech and hearing therapy under supervision in areas prescribed by therapist. Set up program for therapy hour. Make home visits in conjunction with therapy or to aid parents. Write reports on client progress.

Functions: Conduct "carry-over" therapy for example with cases that have plateaued or where prognosis is poor. Make home visits to demonstrate techniques to parents. Act as socialization agent in cases of children with emotional difficulties. Prepare therapy materials. Attend staff meetings. Write reports.

Table 2

Supervisors' Ratings of Graduates' Performance

Openness to supervision - can hear and incorporate suggestions
_____ reacts defensively to most suggestions I make
__3__ is usually somewhat defensive
__4__ reactions vary, at times is defensive and at times is open
__8__ very open to most suggestions I make
_____ other (specify)

Attitudes towards residents, clients, students, patients
__6__ has very positive and therapeutic attitudes
__4__ has fairly positive and therapeutic attitudes
__4__ attitudes vary, sometimes positive and sometimes they are inappropriate
__1__ attitudes are somewhat inappropriate
_____ attitudes are very inappropriate and non-therapeutic
_____ other (specify)

Self direction - ability to perform duties without waiting to be told what to do
__5__ consistently offers suggestions relative to duties she might perform
__8__ will often offer suggestions
__2__ usually waits to be told what to do
_____ always waits to be told what to do
_____ other (specify)

Flexibility - ability to deal with new situations
__6__ very flexible - can almost always deal with new situations
__5__ fairly flexible - can usually handle new situations
__3__ adequate flexibility
__1__ fairly rigid - usually unable to handle new situations
_____ very rigid almost always unable to deal with new situations
_____ other (specify)

Ability to communicate (verbally and written) information about resident, client, student, patient
__2__ very skilled in communicating
__9__ is able to communicate well
__4__ about average
_____ has some difficulty in communicating clearly
_____ unable to communicate clearly
_____ other (specify)

Relationships with other workers on staff
__3__ works very well with others
__6__ works well with others
__4__ works adequately with others
__2__ has some difficulty working with others
_____ works poorly with others
_____ other (specify)

Sensitivity towards residents, clients, students, patients
__6__ very sensitive to needs of others
__6__ sensitive toward others
__2__ about average
__1__ a little insensitive
_____ very insensitive
_____ other (specify)

Self insight - awareness of own feelings, needs, influence on others

__3__ very self insightful
__6__ fairly self insightful
__4__ about average
__2__ not too self insightful
_____ lacks self insight
_____ other (specify)

Overall performance compared to others

__1__ excellent
__6__ above average
__5__ average
_____ below average
_____ poor